



**Executive
18 January 2010**

**Report from the Director of
Housing and Community Care**

Wards affected:
ALL

Adult Social Care Annual Performance Assessment 2008/09

Forward Plan Ref: H&CC-09/10-17

1.0 Summary

1.1 This report advises members on the Annual Performance Assessment (APA) judgement for Adult Social Care for 2008/09, published by the Care Quality Commission (CQC). The CQC requires that details of the APA be presented to the council's Executive Committee by the end of January 2010. This report therefore outlines the areas where the CQC judges that the council is performing well and areas identified as requiring further improvement and summarises action taken to date.

2.0 Recommendations

2.1 Members are asked to note the overall annual performance assessment and in particular the strengths and areas for further improvement identified in the performance assessment report.

3.0 Background

3.1 The CQC became the independent regulator for health and social care in April 2009, taking over the role from the Commission for Social Care Inspection (CSCI), which had previously undertaken the role. The establishment of the new body has involved some changes to the way in which the annual assessment of performance is carried out, with further changes expected for the 2009/10 process. In particular, members are asked to note that the assessment no longer results in a star rating for local authorities and there is no longer a judgement of leadership or commissioning and use of resources, although comments on these areas are given. The assessment still looks at the seven key outcomes that were the basis for previous judgements, but rates performance in a different way, as set out in the table at 4.2. Although

there is no longer a star rating, the performance assessment feeds into the overall CAA assessment for the council.

4. Detail

- 4.1 The table below summarises the elements that contributed to the overall judgement in 2007/08, to illustrate the differences in the methodology this year.

Table 1: Adult Social Care Performance Judgements for 2007/08

Areas for Judgment	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Adequate
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgment)	Promising
Leadership	Promising
Commissioning and use of resources	Promising
Performance Rating	Two Stars

- 4.2 Table 2 sets out the assessment for 2008/09. There are four levels of performance: Excellent, Well, Adequate and Poor. Although direct comparisons between the current and previous systems should be treated with caution, performance can be seen as having declined against the improved quality of life outcome, improved against the maintaining personal dignity and respect outcome, while staying broadly the same in the other areas.

Table 2: Performance Assessment 2008/09

Areas for Judgment	The Council is Performing
Improved health and emotional well-being	Adequate
Improved quality of life	Adequate
Making a positive contribution	Well
Increased choice and control	Adequate
Freedom from discrimination and harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Well
Overall Assessment	
The council is performing: Well	

4.3 Overall this shows no change from the previous years overall assessment, although arguably it has been a harder test than previous years. Looking at the individual judgement areas, 5 have remained the same. Two have changed: Improved Quality of Life has fallen from a good (well) to adequate and Increased Choice and Control has risen from adequate to well. Further comment on these changes can be found within the report. A copy of the CQC report is attached at Appendix 1, while the following paragraphs highlight some key findings.

4.4 The report identifies areas where the council is performing well and areas in which it needs to improve and these are summarised below together with some comments on action taken or planned to address areas for improvement. Although, as noted above, there is no longer a rating for leadership and commissioning and use of resources, comments are made in the report and the key findings are therefore included here.

4.5 Leadership and Commissioning and Use of Resources

4.5.1 Leadership: What the council does well

- The council has a vision for the transformation of adult social care services in line with Putting People First.
- Has ambitious plans for modernising services to meet aspirations for more user choice and control in care services.
- A new quality assurance framework is now in place and will further assist in promoting better outcomes, supported by a new model of assessment and care management.
- Partnership working has continued to improve, NHS Brent is now financially fit and able to contribute more substantially on a number of fronts, which is reflected in the LAA.

4.5.2 What the council needs to improve

- The council should continue to progress the full implementation of self directed care services, underpinned by robust IT and finance systems.
- The council needs to ensure that there is sustained improvement on key performance measures of responsiveness and delivery.

4.5.3 Implementation of self directed support is central to the Adult Social care transformation project and we expect to see significant progress over the remainder of 2009/10 and into the future, supported by the structural changes already implemented as a result of the review of assessment and care management, among other initiatives. Similarly, these changes will underpin improvement on the responsiveness and delivery of services, with key indicators showing that progress continues to be made.

4.5.4 Commissioning and use of Resources: What the council does well

- Commissioned supporting people services are now aligned for the personalisation agenda
- The council is finalising a joint agreement for a pooled budget for carers

and implementing a comprehensive shared intermediate care strategy.

- Contracting has been strengthened and there is better engagement with poorer performing regulated services.

4.5.5 What the council needs to improve

- The council should ensure the completion of the new commissioning intentions and voluntary sector strategy.
- The council should continue to develop the capacity of users and carers to engage within service and workforce development.
- The council and partners should continue to work to raise standards in independent sector care, including the levels of safeguarding training.

4.5.6 Work has started on the development of strategies for commissioning and the voluntary sector, although both will require extensive consultation with partners and service users and completion is anticipated in 2010/11. The department involves service users and carers in a range of ways and this is an area in which our approach is developing continually. Examples include specific consultations around proposed service changes, as in the area of day care, as well as through the Partnership Boards, the Carers' Centre and work with families moving to personalised budgets. Finally, a training programme is in place on safeguarding for organisations in the independent sector.

4.6 Improved Health and Emotional Well-being

4.6.1 What the council does well

- Effective joint working has continued to help to deliver an effective Health and Well-being Strategy.
- The council has increased intermediate care options for people to help reduce the number of people experiencing delayed discharges from hospital, and to avoid unnecessary attendance and admission to hospital.
- The council undertakes quality assurance monitoring of their meals service.

4.6.2 What the council needs to improve

- Deliver a more fully integrated range of intermediate care services.
- Further reduce the number of older people who are delayed in discharge from hospital.
- To resolve the shortage in beds for people with dementia.
- Further develop standards with partners for end of life care in the borough.
- Further improve the rate of reviews for people receiving services.

4.6.3 The Intermediate Care Strategy is in place and is already delivering tangible improvements, for example in addressing performance on delayed discharges, with future plans including significant investment in reablement services. It is expected that this will deliver improvements against indicators measuring independence for older people (NI 125), delayed transfers of care (NI 131), services to carers (NI 135) and enabling people to live at home (NI 139). It is considered vital that there is a sustained improvement in this area if we are going to improve on the current adequate rating. Specific proposals are in place to deliver additional provision for people with dementia, including

a significant increase in Extra Care housing. The new arrangements for assessment and care management will deliver improved performance in reviews.

4.7 Improved Quality of Life

4.7.1 What the council does well

- Minor adaptations are provided in a timely manner.
- The provision of information and support to carers has been enhanced.

4.7.2 What the council needs to improve

- Major adaptations need to be provided more quickly.
- Increase the provision of telecare.
- The council needs to continue to explore means to reduce the use of residential care, especially for people with mental health problems or a physical disability.
- Ensure that plans around extra care housing provision are developed and realised.
- Ensure that the planned development of peer advocacy and planned increases to specialist advocacy are implemented and the impact is monitored.

4.7.3 This is the one area of judgement where our rating has decreased from 2007/8. Our performance in respect of Major adaptations needs to considerably improve if we are to move this rating back to its previous level. To this end an end-to-end review of the process for major adaptations has been undertaken and additional resources have been devoted to securing improvement in turn round times in this year and over 2010/11. A new post has been established to take forward increased telecare provision. There are indications that the council may have under-represented past performance in this area and a review of the reporting mechanisms is being undertaken. In the longer term, plans are in place for a significant increase in extra care housing, with the programme beginning to deliver over the next twelve months, which will be the main platform for a reduction in the use of residential care.

4.7.4 Advocacy provision has increased in line with the programme for developing self directed support, with significant increases in, for example, learning disabilities. Work has been undertaken with MENCAP to develop quality standards and funding has been provided for a "speaking up" group. Further development is planned for 2009-11 across all user groups.

4.8 Making a Positive Contribution

4.8.1 What the council does well

- There is a user and carer involvement strategy central to the Transformation Programme.
- Annual voluntary sector conferences have commenced and are reported as working well to shape the future service delivery.
- Enhanced user, carer and third sector involvement in shaping of new service provisions.

4.8.2 What the council needs to improve

- Continue to develop the consistency and range of advocacy services
- Ensure that processes around the involvement of users and carers who are directly affected by changes to service provision are fully embedded.

4.8.3 Progress and plans for advocacy have been noted at 4.7.4 above, while user and carer involvement is covered at 4.5.6.

4.9 Increased Choice and Control

4.9.1 What the council does well

- The council is progressing the move towards self directed services, building on developments in services for people with a learning disability.
- Timeliness of assessments has improved and initial contact, assessment and care planning is being remodelled.
- The council has increased number of people accessing direct payments and they are being used creatively to improve outcomes.

4.9.2 What the council needs to improve

- To continue to progress the full implementation of Self-Directed Support and measure its impact.
- To continue to shift the balance of care to more community based options.
- To ensure that the re-design of assessment and care management delivers a prompt and effective assessment service
- Care packages are delivered more promptly.

4.9.3 Some of these points are addressed at 4.5.3 above, but it should be stressed that the redesign of assessment and care management is already delivering improvements that will continue into 2010/11 and beyond in both the implementation of SDS and the delivery of prompt and effective assessments and reviews.

4.9.4 The overall targets for implementing the Personalisation agenda will be increasing year on year. Meeting those targets will go beyond just giving individuals personal budgets and will result over time in the review and, where necessary, restructuring of our direct services provision. This is to both ensure that it offers services that are fit for individuals who will be able to decide to choose or decline the services that are on offer and that we are able to still deliver a service within the overall budget and that where necessary resources are released . The move to community based options will also be consistent with the improvement detailed in 4.7.2 in reducing the number of people in residential care. The introduction of an effective re-ablement service is also considered a very high priority as all evidence suggests that it results in better outcomes for individuals as they have a much greater likelihood of maximising their independence , whilst also increasing the value for money for the authority.

4.10 Freedom from Discrimination and Harassment

4.10.1 What the council does well

- The council has achieved level four of the equality standards for local government.
- The council now has an equality action plan with set targets to be delivered over three years.
- There is also a rolling programme of equalities learning and development activities aimed at improving equality outcomes.

4.10.2 What the council needs to improve

- The council should ensure that the take-up of services is monitored where organisations supporting people who use services have opportunities to discuss those results.

4.10.3 The CQC has noted that people are provided with advice and information to think through options around support, costs and funding and that information is provided to those who do not meet eligibility criteria, as well as the provision of advice and screening through the One Stop service. However, they have indicated that the council could do more to monitor service take up. This is being addressed through the new arrangements for assessment and includes work to ensure that voluntary sector or other organisations working with service users have the opportunity to contribute.

4.11 Economic Well-being

4.11.1 What the council does well

- There is good progress being made around support brokerage.
- The council has increased the number of people who are volunteers.
- There are a number of services supporting people to develop skills and get employment.
- There is an improvement in the job seekers allowance claimant rate which fell at a faster rate than the rest of London and nationally.

4.11.2 What the council needs to improve

- Continue to develop work opportunities for people with a disability.

4.11.3 This is a Local Area Agreement priority and the CQC have been provided with detailed information on the range of programmes and initiatives that support access to employment and training. The Performance Assessment reflects this, noting that there is “strong evidence to suggest that people of working age who use services and their carers are assisted in preparing for and finding employment”. Clearly, current economic conditions will present a challenge in this area, but there is a strong platform on which to build further improvement in what should be regarded as a strong area for the service.

4.12 Maintaining Personal Dignity and Respect

4.12.1 What the council does well

- There have been enhancements to reporting mechanisms to the adults safeguarding board and an independent chair is being appointed.
- A quality assurance framework and case file audit system is in place and delivering improvements in practice and outcomes.
- A Safeguarding Senior Practitioner post has been created to analyse, advise and audit implementation of the Mental Capacity Act.

4.12.2 What the council needs to improve

- Explore and review with partners the lower than average rate of referrals to ensure full accessibility.
- The council recognises that there remains a need to improve on case conferences, and ensuring outcomes for perpetrators are clear.
- The council should explore opportunities to engage users, carers and family members as care experts, especially those who consider themselves to be or have been at risk.
- Further increase training for staff in the independent care sector.
- The council should ensure that all service inspection recommendations are completed within a reasonable timescale after the launch of the pan-London safeguarding procedures.

4.12.3 As indicated earlier, this is the one area where the rating has improved since 2007/8. That year we could not achieve a higher rating as we had been rated as adequate on the safeguarding inspection which had taken place during that year. The increased rating is at least in part due to the fact that CQC are satisfied that we have made sufficient progress in respect of Safeguarding. The department has and will continue to implement the action plan developed following the inspection of adult safeguarding and the performance. Reasons for the relatively low rate of referrals compared to similar authorities are being explored and further improvements have been made to the system for case conferences. As noted earlier, a training programme is in place for external agencies and opportunities to engage service users and carers form part of the wider approach to engagement noted above.

5.0 Legal Implications

5.1 There are no legal implications arising from this report.

6. Financial Implications

6.1 Whilst there are few specific references to the overall cost of adult social care within the Brent report and no specific recommendations for achieving the required improvement, enhancing performance is not always cost free and is set against the overall demographic pressures which put a year on year pressure on the adult social care budget. Within their national report CQC have indicated that they will “be vigilant about spotting the impact of the economic downturn on people’s access to social care”. It is therefore

imperative that the Department continues to ensure that all the services we either procure or directly provide offer the best value for money. In addition, that the types of service we offer are themselves designed to maximise the independence and choice of individuals and minimise (where possible) long term dependency.

7.0 Diversity Implications

6.1 This report and the annual review of performance recognise good progress and practice in respect of equality and diversity issues in the delivery of social care services which contribute to the improvement of life chances for our diverse community.

8.0 Staffing/Accommodation Implications

7.1 There are no immediate staffing or accommodation implications arising from this report, but members are asked to note that delivering continued improvement in performance will almost certainly create staffing pressures in some parts of the department.

Background Papers

Annual performance assessment of adult social care services 2009

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APPENDIX 1:

Annual Performance Assessment Report 2008/2009



Adult Social Care Services

Council Name: Brent

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area. The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Brent council is performing:

Poorly, Adequately, Well,
Excellently

Outcome 1:

[Improved health and emotional well-being](#)

The council is performing:

Outcome 2:

[Improved quality of life](#)

The council is performing:

Outcome 3:

[Making a positive contribution](#)

The council is performing:

Outcome 4:

[Increased choice and control](#)

The council is performing:

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

Outcome 6:

[Economic well-being](#)

The council is performing:

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing:

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

What the council does well.

- The council has a vision for the transformation of adult social care services in line with Putting People First.
- Has ambitious plans for modernising services to meet aspirations for more user choice and control in care services.
- A new quality assurance framework is now in place and will further assist in promoting better outcomes, supported by a new model of assessment and care management.
- Partnership working has continued to improve, NHS Brent is now financially fit and able to contribute more substantially on a number of fronts, which is reflected in the LAA.

What the council needs to improve.

- The council should continue to progress the full implementation of self directed care services, underpinned by robust IT and finance systems.
- The council needs to ensure that there is sustained improvement on key performance measures of responsiveness and delivery.

Commissioning and use of resources

What the council does well.

- Commissioned supporting people services are now aligned for the personalisation agenda
- The council is finalising a joint agreement for a pooled budget for carers and implementing a comprehensive shared intermediate care strategy.
- Contracting has been strengthened and there is better engagement with poorer performing regulated services.

What the council needs to improve.

- The council should ensure the completion of the new commissioning intentions and voluntary sector strategy.
- The council should continue to develop the capacity of users and carers to engage within service and workforce development.
- The council and partners should continue to work to raise standards in independent sector care, including the levels of safeguarding training.

Summary of Performance

The council has adopted the vision for the transformation of adult social care services in line with Putting People First and has ambitious plans to modernise services to meet the aspirations for more user choice and control in care services. Elected members engage with users and carers through chairing the Learning Disability Partnership Board, and chairing the Pensioner and other User Forums.

Partnership working with the NHS continues to improve. NHS Brent is now financially fit and able to contribute more substantially on a number of fronts, such as in supporting regeneration, safeguarding arrangements and integration of intermediate care and this is reflected in the Local Area Agreement (LAA). There is a significant shared change agenda between health and social care. The council is confident there is the management capacity to achieve this. Strong programme management will be needed to ensure projects and improvements are delivered successfully and on schedule, within a context of required efficiency savings. There are areas where the council has to raise performance to match similar councils, such as on timeliness of assessment and delivery of care packages and major adaptations. A new care assessment model should facilitate this. There is also a need to invest in more community support services such as telecare to realise ambitions to reduce the use of residential and nursing care. The council has achieved an increase in the take up of direct payments, and is working on the tools and processes which underpin the wider introduction of personal budgets. A new quality assurance framework is now in place and will further assist in promoting better outcomes.

A review of partnership boards should create a more robust platform for partnership arrangements that can address the difficult decisions that will inevitably arise in achieving the objectives agreed by the Local Strategic Partnership.

The council has a workforce strategy, and is working through some recruitment difficulties within Occupational Therapist (OT) roles. The council ensures that its own staff who work directly with vulnerable adults receive appropriate training, but there is further progress needed in the private and voluntary sectors where numbers trained are comparatively low and a number of services fail to meet the national minimum standards in this area.

Performance management data is provided from a central database. There is limited evidence to support that the data contained within the system is robust, and a service inspection had previously found input to be inconsistent.

However, there are mechanisms in place to alert where there is data missing and the system is to be enhanced to support personalisation as the council takes this agenda forward.

The council is working to integrate the views of people who use services, their carers and other stakeholders in their commissioning intentions and a voluntary sector strategy has been drafted, although this will not be finalised until 2011. Work is also ongoing with user groups to develop the capacity of users to engage within service and workforce development and this is starting to deliver some improved outcomes.

The council are increasing capacity within commissioning and building upon good practice elsewhere, including developing outcome based commissioning. The council has also begun to engage more with shaping the local market to ensure that supply meets needs for range and quality. It should seek to be able to demonstrate that new commissioning models lead to improved outcomes for people in Brent. The council has a joint strategic

needs assessment with NHS Brent, which was previously found to provide robust analyses of demographic and health data, informing current and projected needs. Contracting processes have also been strengthened and targeted engagement with poorer performing regulated services is starting to assist in lifting the provision within the borough, but there is more work required to raise some from only adequate.

Outcome 1: Improved health and emotional well-being

The council is performing:

Poorly, Adequately, Well, Excellently

There is evidence that the council is working effectively to ensure that people are informed and advised about physical and mental health and well-being. The council campaigns to promote healthier and safer lifestyles and has an Older People Wellbeing Strategy and Better Government for Older People initiative which has wide involvement. There has been targeted action to address particular health concerns in partnership with the NHS Brent, such as to support people and their carers who have been affected by stroke. There is evidence that the Emergency Admissions Risk Likelihood Index, now widely used by GPs, the Care Co-ordination approach and intermediate care services have helped to avoid unnecessary hospital attendance and admissions. This has allowed some reinvestment by the NHS in additional community staff. Both the council and partners report effective joint working to help reduce the number of people delayed in being discharged from hospital. However, the overall number of delays attributable to social care still appear comparatively high and the new integrated intermediate care services need to make further impact on reducing hospital stays. The council has set an LAA target on reducing delayed transfers of care, acknowledging it as a priority for Brent and has achieved its first year target. There has been some delay in the development of the intermediate care strategy and the council needs to ensure that it presses ahead promptly with health partners to maximise the options for older people in Brent.

The council has had only limited success in reducing residential care admissions for older people. The council is therefore planning to do more to support people to remain in their own homes such as increasing the provision of telecare equipment and doubling its reablement capacity, to keep people independent for as long as possible.

Brent Mental Health Services (BMHS) have implemented systems to improve discharge practice and processes. Brent continues to invest in a range of residential and other treatment options for people with drug or alcohol related problems.

There is evidence that the majority of people who are in care homes within the borough are receiving good quality care including meals that are balanced, promote health, and meet their cultural and dietary needs. In addition, where people require meals services within their own homes, the council monitors the quality of the contracted service and the findings of this monitoring is used to drive change.

The council has increased the rate of reviews for people receiving services, but it is still well below the regional average.

For end of life care, the council has a Palliative Care Team, Hospice and improved working relations have enhanced continuity of care processes. However, for regulated services operating within the borough, 3 out of the 7 nursing homes were less likely to provide assurance that at a client's time of death staff would treat them and their family with care, sensitivity and respect. The council's own care home for older people however met this standard, as did other personal care homes within the borough.

What the council does well

- Effective joint working has continued to help to deliver an effective Health and Well-being Strategy.
- The council has increased intermediate care options for people to help reduce the number of people experiencing delayed discharges from hospital, and to avoid unnecessary attendance and admission to hospital.
- The council undertakes quality assurance monitoring of their meals service.

What the council needs to improve

- Deliver a more fully integrated range of intermediate care services.
- Further reduce the number of older people who are delayed in discharge from hospital.
- To resolve the shortage in beds for people with dementia.
- Further develop standards with partners for end of life care in the borough.
- Further improve the rate of reviews for people receiving services.

Outcome 2: Improved quality of life

The council is performing:

Poorly, Adequately, Well, Excellently

There is evidence that people who use services and carers get advice and support at an early stage. People who need small pieces of equipment and minor adaptations are provided with these quickly. There has been enhanced information provision to carers, and a new resource centre opened in December 08 to assist with rehabilitation services. The council is also working towards the transformation of services to provide self-directed care. Brent estimates a need to significantly increase their extra-care housing options and provide more specialist advocacy services, including peer advocacy. However, plans for extra care housing for 08/09 were not realised. In addition, people who require major adaptations to their homes on average wait longer than in most councils in the country. There are delays both in assessment, due to OT shortages, and in making the adaptations. The council has a risk assessment strategy in place, is reviewing the whole process and implementing an action plan to improve on this persistent area of poor performance. More people could probably benefit from assistive technologies (telecare), as the council provides this less frequently than similar councils, and which could thereby play a larger role in supporting people to remain in their own homes. Intensive home care has increased, but overall levels of support to people to live independently are lower than in similar councils. The council promotes social inclusion opportunities for people who are carers and for them to use mainstream local services. For young carers, the council provides funding for a project to help them socialise more. There are a number of projects to assist social inclusion for older people and those with disabilities including reviewing access to transport, sport and leisure activities and volunteering.

What the council does well

- Minor adaptations are provided in a timely manner.

- The provision of information and support to carers has been enhanced.

What the council needs to improve

- Major adaptations need to be provided more quickly.
- Increase the provision of telecare.
- The council needs to continue to explore means to reduce the use of residential care, especially for people with mental health problems or a physical disability.
- Ensure that plans around extra care housing provision are developed and realised.
- Ensure that the planned development of peer advocacy and planned increases to specialist advocacy are implemented and the impact is monitored.

Outcome 3: Making a positive contribution

The council is performing: **Poorly, Adequately, Well, Excellently**

There is evidence that people who use services and their carers are supported to take part in community life and that users and carers are actively involved in developing services. There is a user and carer involvement strategy central to the Transformation Programme. Voluntary organisations are encouraged to contribute views and have assisted in the development of some services that support people. A first annual voluntary sector conference was held as part of a series of measures to improve the relationship with the voluntary sector. People who use services are represented on all Partnership boards and all boards have recently reviewed and revised their governance arrangements. Feedback however indicated that the council may not be fully representing the views of people with sensory disabilities and the council agreed to reconvene the group affected. There have been consultations on draft strategies including for housing, mental health accommodation and dementia care.

The redevelopment of day services for people with a learning disability has brought out some diversity of interests and dissatisfaction with process; the council has worked to resolve this through an action plan arising from a complaint. The experience and views of users and their carers in the future are expected to be more inclusive in helping to shape service improvements. The council's quality assurance framework also embraces the perspective of user expertise. As part of the council's quality assurance framework, a telephone survey was undertaken to seek service user views on food temperatures, presentation of meals, texture and taste, delivery times, delivery staff customer care, and the range of meals available. This has enabled the council to gauge views on various quality issues. Comments have been used to drive changes for the new contracted out service. People who use services and their carers have also been involved in recruitment and training.

Volunteers are actively encouraged; 'Keep in touch – Brent' is an established Age Concern service which provides phone contact with older people through volunteers.

What the council does well

- There is a user and carer involvement strategy central to the Transformation Programme.
- Annual voluntary sector conferences have commenced and are reported as working well to shape the future service delivery.
- Enhanced user, carer and third sector involvement in shaping of new service provisions.

What the council needs to improve

- Continue to develop the consistency and range of advocacy services
- Ensure that processes around the involvement of users and carers who are directly affected by changes to service provision is fully embedded.

Outcome 4: Increased choice and control

The council is performing: **Poorly, Adequately, Well, Excellently**

There is evidence to suggest that current advice and information provided by the council has assisted clients to think through support options, risks, costs and funding. The council has a single point of access, the One Stop Service, as their initial point of contact. A service redesign project is intended to bring a sharper focus on advice and information through one point to all people who contact the council for social care. Work to improve information and sign-posting for people seeking support was being developed for all social care contacts and to be available through the web-site, and change is expected to be implemented during 2009.

More older people are now being assessed within 28 days, but performance in this respect is still markedly slower than for similar councils, and the council reports this was adversely affected by the move towards self-directed support. The council is reorganising assessment and care management arrangements with the full involvement of frontline staff and which should enable people who need services and their carers to take more control of their support in the future, but was still work in progress. Timeliness of delivery of social care packages following assessment has declined significantly from the preceding year and is also now below that of similar councils.

Through awareness raising and enhanced guidance, the council has significantly increased the number of people who are making use of direct payment, and has met the council's target for the year but is still below the average for London. The pattern of use across user groups is for more lower cost packages than in the national picture. The council has focused early development of self-directed care on people with a learning disability linked to a modernisation programme for the existing services. This has provided a model for developing the tools and processes and for then extending for all users and carers. An enhanced and expanded Direct Payments support provider service, specified in consultation with carers and service users, was due to start in July 2009. An additional support provider has also been introduced into Brent to support people who do not wish to be an employer. The council has ambitious plans for moving more substantially towards self directed care, but is still at an early stage.

There is evidence to suggest that people who use services do benefit from a range of support services on offer, though as reported above more people could be supported to live independently by increased telecare and adaptations, and thereby reduce the use of residential care. There are a wide range of services tailored to meet the needs of people from diverse communities and users are able to contact service providers when they need to. Good work is evidenced with carers, through organised events, development of a dedicated web-site, availability of breaks, direct payments and the planned development of a pooled carers' budget. However, on a comparative measure for carers receiving needs assessment or review and a specific carer's service, or advice and information, fewer carers in Brent are benefiting from these services than in similar councils.

A quality assurance framework to address variable quality of assessments has been developed and audits are being undertaken to quality assure the new integrated assessment and care management structure. Self assessment reviews have been developed in learning disability with a staff

development programme and are reported to lead to better outcome based care plans.

There was some indication from a complaint investigation that care planning did not fully engage with service users and carers; the council investigated and agreed an action plan.

Complaints appear to be well managed; response times have improved, pressure points of complaint areas found in 07/08 have reduced for 08/09 and action plans are developed for all complaints. To assist effective learning from complaints, the council should consider a direct analysis in the annual report of complaint components which are upheld/partly upheld to target problem areas.

There has been a growth in brokerage and advocacy for learning disabled

clients, with plans for progress into older people's services and physical

disability services in 09/10, but some advocacy is available via Age Concern

and Elders Voice.

What the council does well

- The council is progressing the move towards self directed services, building on developments in services for people with a learning disability.
- Timeliness of assessments has improved and initial contact, assessment and care planning is being remodelled.
- The council has increased number of people accessing direct payments and they are being used creatively to improve outcomes.

What the council needs to improve

- To continue to progress the full implementation of Self-Directed Support and measure its impact.
- To continue to shift the balance of care to more community based options.
- To ensure that the re-design of assessment and care management delivers a prompt and effective assessment service
- Care packages are delivered more promptly.

Outcome 5: Freedom from discrimination and harassment

The council is performing: *Poorly, Adequately, Well, Excellently*

The council's eligibility criteria for the provision of care services has remained unchanged for some years, and people are provided with advice and information to help think through support options, risks, costs and funding. An Information Directory is being developed to ensure those not meeting criteria or self-funding know where to find help. As part of the development of the one stop service, there has been work on screening and advice arrangements, in order to ensure greater consistency. However, there is limited evidence to suggest that the take-up of services is being monitored beyond routine contract monitoring where organisations supporting people who use services have opportunities to discuss those results.

Brent Council had achieved level 4 of the equality standards for local government at the end of March 2009 and the council had developed an equality action plan with set targets to be delivered from 2008-11. There is a rolling programme of equalities learning and development activities. Equalities Impact Assessments are carried out to inform service transformation. Equalities data is recorded and monitored to assess accessibility and take-up. There is a wide range of services available to communities which reflect the diversity of the population. The council is engaging with people from black and minority ethnic groups, and voluntary organisations around safeguarding and prevention, including work in the community to keep people safer in their own homes.

What the council does well

- The council has achieved level four of the equality standards for local government.
- The council now has an equality action plan with set targets to be delivered over three years.
- There is also a rolling programme of equalities learning and development activities aimed at improving equality outcomes.

What the council needs to improve

- The council should ensure that the take-up of services is monitored where organisations supporting people who use services have opportunities to discuss those results.

Outcome 6: Economic well - being

The council is performing: **Poorly, Adequately, Well, Excellently**

People who use services and their carers are helped through readily available information and advice to maximise income to meet support costs and to be financially secure. There is help via the council and voluntary sector to ensure take-up of benefit entitlements with links to other support such as tackling fuel poverty. There is also work to develop this further using independent support brokers for users considering direct payments, as the council moves towards more self directed care.

There is strong evidence to suggest that people of working age who use services and their carers are assisted in preparing for, and finding employment. After 6 years of investment the job seekers claimant rate has fallen. There is good access to training and employment opportunities for those people who are eligible, which is captured in individual support plans and effective work with carers to support those who are working or wish to find employment. Work is also in progress to find employment for people who are in transition from children's to adults services.

Brent promotes open employment in partnership with external providers in the community: e.g. Brent in2 Work, Toucan, Mencap, Remploy and the College of North West London. There is a specific project to support disabled people with complex needs. Community Networks coordinates work placement and training activity for people recovering from mental illness.

Forty people have been supported to volunteer in 2008/09, with a small number of them obtaining paid employment as a result. The service is popular and now has a waiting list of over 40 learning disabled clients. Comparative data from national indicators (NI 146) suggest that employment of people with learning disabilities is lower than in similar councils.

What the council does well

- There is good progress being made around support brokerage.
- The council has increased the number of people who are volunteers.
- There are a number of services supporting people to develop skills and get employment.
- There is an improvement in the job seekers allowance claimant rate which fell at a faster rate than the rest of London and nationally.

What the council needs to improve

- Continue to develop work opportunities for people with a disability.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Poorly, Adequately, Well, Excellently**

Following the service inspection, the council has undertaken much work and increased capacity to strengthen safeguarding practice, and there is greater confidence that people are getting better outcomes. Alerts appear to be investigated promptly and the outcomes of safeguarding incidents are now monitored and reviewed through the partnership board. There has been discussion and agreement reached about key monitoring information and revisions to ensure clarity around the closure of cases. A safeguarding awareness raising programme has been undertaken with black and minority ethnic and hard to reach groups on safeguarding and preventing abuse, which probably contributed to a 20% increase of referrals in 08/09. However, the rate of referral relative to population is still lower than in similar councils and this should be explored with partners and through the new communications strategy to ensure full accessibility. The rate of completion of investigations has fallen and attention may be needed to explore and ensure delays do not increase. A quality audit function has been established and is starting to feed back into a circle of improvement in practice and identifying areas for further improvement. Other developments include the use of the Strategy Discussion Template to strengthen the evidencing of strategy decisions, more multi-agency working at strategy stage, improved risk assessment and interim protection plans, an increase in the proportion of cases that go to case conference and improvements in recording outcomes for service users. Users surveyed reported that they felt safer after the process and knew whom to contact with any future concerns.

The council should explore opportunities to engage users, carers and family members as care experts, especially those who consider themselves to be or have been at risk, beyond the use of customer surveys.

There is evidence to suggest that people who use services and their carers find that personal care respects their dignity, privacy and personal preferences. The council has an improved training programme, and high numbers of relevant adult social care staff within the council had received

training during 08/09, with the audit process now being used to identify more sharply the training needs for 09/10. This needs to be extended wider to the private and voluntary sector, where levels of training increased over the previous year but still less than half of staff had received training supported by the council, and a high proportion of registered services were found to have shortfalls in this area on inspection.

Nearly all regulated services were found to be providing a good level of protection, though lower for domiciliary care and nurses agencies. The council has worked effectively with partners and the regulator to improve the quality in a residential service rated as poor.

What the council does well

- There have been enhancements to reporting mechanisms to the adults safeguarding board and an independent chair is being appointed.
- A quality assurance framework and case file audit system is in place and delivering improvements in practice and outcomes.
- A Safeguarding Senior Practitioner post has been created to analyse, advise and audit implementation of the Mental Capacity Act.

What the council needs to improve

- Explore and review with partners the lower than average rate of referrals to ensure full accessibility.
- The council recognises that there remains a need to improve on case conferences, and ensuring outcomes for perpetrators are clear.
- The council should explore opportunities to engage users, carers and family members as care experts, especially those who consider themselves to be or have been at risk.
- Further increase training for staff in the independent care sector.
- The council should ensure that all service inspection recommendations are completed within a reasonable timescale after the launch of the pan-London safeguarding procedures.